2/12/10 POC accepted
B. Cavanaugh HFS III

PRINTED: 01/19/2
FORM APPROV

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS027S	A. BUILDING _____ B. WING _____	C 12/17/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL JEN CONVALESCENT HOSP SNF	5538 W DUNCAN DRIVE LAS VEGAS, NV 89130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPL DAT
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on December 17, 2009 in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00023435 was substantiated with no deficiencies cited. Complaint #NV00023716 was unsubstantiated. Complaint #NV00023754 was unsubstantiated with an unrelated deficiency cited (See Tag Z302). The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiency was identified:	Z 000		
Z302 SS=A	NAC 449.74491 Prohibited practices 3. The results of any investigation must be reported: a) To the administrator of the facility or his designated representative and to the bureau within 5 working days after the alleged violation is reported. b) In the manner prescribed in NRS 200.5093 and 432B.220 and chapter 433 of NRS. The administrator of the facility shall take appropriate action to correct any violation. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to report an allegation and the result of the subsequent investigation for misappropriation of	Z302	**Z 302** a) **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** At the time of the complaint investigation all documentation of the alleged missing money for resident #1 was provided to the surveyor. b) **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** Residents residing in the facility have **(continued next page)**	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Meri Partridge TITLE RN/DON (X6) DA 2/3/2010

STATE FORM 6899 7MP311 If continuation sh

James Toomey, admin

Bureau of Health Care Quality and Compliance

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Z302	Continued From page 1 a resident's money to the Bureau of Health Care Quality & Compliance for 1 of 5 residents (Resident #1). Severity: 1 Scope: 1	Z302	**Z 302** **(continued from previous page)** the potential to be affected. Facility will continue to inform families and residents upon admit of the facility's policy regarding Theft and Loss (see attachment Z 302 - a). During resident council residents will be reminded of the policy. c) **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur:** Policy on Theft and Loss Reporting has ben revised (see attachment Z 302 - a for policy). Revised policy will be presented at Risk Management on 2/4/2010. After approval of the interdisciplinary team, the new policy will be in-serviced on 2/10/10 (see attachment Z 302 - b). d) **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change:** All theft and loss reports will be treated as abuse and neglect. They will be discussed weekly in Risk Management so we can ensure that corrective action plan is being followed. e) **Individual Responsible:** Administrator, Director of Nursing Services, and Abuse Coordinator(s), f) **Dates when corrective action will be completed:** 02/10/2010	